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**REVOCATION OF POWER OF  
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AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	US 10/725,891
Filing Date	December 2, 2003
First Named Inventor	Humphreys, John
Art Unit	1641
Examiner Name	Venci, David J.
Attorney Docket Number	

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

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**OR**

<input checked="" type="checkbox"/> Firm or Individual Name	John M. Humphreys		
Address	905 Colony Ridge Ct.		
City	Irving	State TX	Zip 75061-6100
Country	U.S.A.		
Telephone	(214) 596-9847	Email	john.humphreys@utsouthwestern.edu

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		
Name	John M. Humphreys	
Date	08/16/2006	Telephone (214) 596-9847

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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